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CLINICAL LECTURE.

ANTISEPTIC SURGERY—LUXATION OF ELBOW—DOUBLE HYDROCELE—DIABETIC GANGRENE.[1]

BY THOMAS G. MORTON, M. D.,

ONE OF THE VISITING SURGEONS.

Amputation of the Fore-Arm—First Dressing.

Gentlemen: This patient, a laborer, aged 25, was admitted on the 20th of September, sixteen days ago. His hand had been caught in some machinery and crushed. I saw the patient an hour after his admittance. He was suffering from slight shock. Upon examination the parts were found to be so hopelessly crushed that amputation was necessary. I made two flaps—an anterior and a posterior—of skin and a circular division of the muscles. The operation was conducted with strict antisepsis. A drain of cat-gut was introduced and sutures of the same material were used to close the wound. We have not dressed the arm since, now sixteen days. Formerly we were not able to do this, but were compelled to take off all dressings as a rule shortly after operations on account of suppuration. But all this has now changed because antiseptic dressings are at present always employed. By their use we secure immediate union of wounds. Since such wonderful effects have been attained by the use of antiseptics it is well occasionally to go over the subject of the modern scientific wound treatment.

A wound that heals by primary intention is one in which the edges are glued together by plastic lymph wherein healing is accomplished without suppuration. In wounds which do not so heal, we have suppuration with all its dangers, and healing is prolonged. In order to secure closing of a wound by primary intention we must prevent fermen-

[1] Delivered October 7 at the Pennsylvania Hospital.

tation or decomposition. Three conditions are necessary to produce putrefaction, these are moisture, warmth and living organism. Remove either one of these three conditions, and we prevent suppuration and putrefaction. If we remove moisture there cannot be decomposition; by the removal of warmth animal substance will not putrefy; by the exclusion of living organisms (bacteria) we can also control putrefaction. We accomplish the latter by means of germicides. Although moisture and warmth are present, germs are excluded or killed, and so fermentation is avoided. We cannot get rid of moisture or warmth, but we can exclude live germs. The antiseptic *dressing* is but the conclusion of a series of manipulations upon a part before, during and after an operation, and is about valueless unless all previous details of antisepsis are properly carried out.

I now show you the condition of the stump by removing the dressings. It is, as you see, perfectly well. The blood-vessels were tied with gut, the drain was also gut, both have been absorbed. Where the drain came out there is still a small unhealed spot. In using a foreign substance, as glass or rubber, for purposes of drainage it is necessary to remove the dressing early because these are foreign bodies. The gut, however, being an animal substance, is capable of absorption. All of our wound-washing is done with bichloride solutions. Unless we absolutely carry out the rules governing antisepsis we are not just to our patient. In this jar we have the mercuric solution which we allow to flow over the wound in the manner you now see. We place the protective (a piece of oiled silk treated with copal varnish and dextrin) over the wound, over this the antiseptic gauze and cotton and then apply the gauze bandage. The man may now go home.

Dislocation of Elbow.

This boy, aged 8, has just been admitted with a peculiar deformity of the elbow. He fell striking upon his palm. What is the nature of the injury? In the first place we have deformity. When we compare the two elbows we can observe this more clearly. It looks like a dislocation, but there may be a fracture, or both. There is an apparent widening of the condyles and there is an unnatural prominence posteriorly. The symptoms of fracture are pain, deformity and crepitus. I do not discover crepitation. To establish the diagnosis we take the hand of the injured side and also grasp his elbow and ascertain if the forearm is involved. Making pronation and supination we discover a normal condition of the radius. Force applied to the ulna may, in driving it against the humerus, produce splitting of the condyles. Upon examination of this case, however, I find it to be an uncomplicated dislocation of the elbow; a very unusual accident in so young a person. We give him ether, which is always a prudent measure to accurately determine the nature of such an injury. There is no dislocation more important to reduce at once than luxation at the elbow. An unreduced elbow luxation is very difficult to overcome after two or three weeks. In securing reduction hold the humerus firmly, draw the forearm backward, and, at the same time, make flexion. Probably some of you heard the ulna slip into place. We apply a bandage and direct the boy not to use his arm for a couple of weeks.

Double Hydrocele.

The case I show you now is one of hydrocele, an exceedingly common affection. When we speak of hydrocele, we usually speak of it as occurring in the male, but it may occur in analogous parts of the female. It consists of an accumulation of fluid in the tunica-vaginalis. It may be single or double. As seen in the scrotum, it appears as a tumor, pyriform in shape. The amount of fluid may vary from a few drachms to a gallon or more, the tumor reaching down to the knee.

The diagnosis of hydrocele is very simple. In the first place we make our diagnosis by means of the light transmitted through the tumor from a candle in a dark room. Having a pyriform tumor, with the history of a slight injury, and the transmission of light, we may positively conclude that a hydrocele is present. We exclude the existence of hernia by grasping the base of the tumor and asking the patient to cough, when, if no impulse is felt, hernia may be excluded.

There are several forms of treatment. The palliative consists in drawing off the fluid by means of the trochar. The patient, however, after being tapped two or three times, usually desires a radical operation. This may consist in the opening and draining of the tunica-vaginalis; or of dissecting out the sac. The old method consists of the injection of some irritating substance. Formerly surgeons used red wine, to-day we

employ tincture of iodine. The trochar is entered on the anterior surface of the tumor to avoid the testicle. This sac is so very tough and thick that the trochar will not penetrate, and instead of injecting iodine, I will incise the tunica-vaginilis, remove a portion of it, insert a cat-gut drain, and expect the cavity to be obliterated by universal adhesions.

The fluid of a hydrocele is generally a clear amber color, though it may at times be white like milk, especially in old people and in encysted hydroceles connected with the testicle substance, the color is then often due to the presence of spermatozoa. We must be careful that the hydrocele is not congenital (when a direct communication with the peritoneal cavity is often present); for, if so, the injecting fluid, should it gain access to that cavity, would produce peritonitis. Infantile hydrocele will often get well without interference.

I have now exposed the testicle, and you see that it is perfectly free from disease. We have a sac here which will hold four or five ounces. I trim out a portion of the tunica-vaginalis, and inserting a cat-gut drain, close the wound about it with three or four gut sutures. On the opposite side you notice that the tunic is unsually thick. I will remove a portion of it, and carry a similar drain well up in contact with the testicle.

Diabetic Gangrene.

This patient presents an unusual form of disease. It is a case of gangrene in a diabetic. Gangrene may arise from many causes, but there are probably none more interesting than that exemplified by this case. In diabetics, a very trivial injury, even so simple an operation as the cutting of a corn, is liable to produce this form of gangrene.

This patient a colored man, by occupation a caterer, aged 50, was admitted on the 24th of August with his present trouble. He is passing a large amount of a very pale urine with a high specific gravity, answering to the various tests for sugar. The gangrene now involves the third toe of the right foot, the second toe having been removed some time since for the same trouble. A very interesting paper was read by Dr. Hunt, a year ago, before one of our medical associations, in which he very thoroughly reviews this subject. In it he draws the distinction between diabetic and senile gangrene; to which latter as you know people of advanced years are very liable. It occurs in the extremities, is due to vascular changes, and presents a clear cut line of demarcation between diseased and healthy tissue, which line, Dr. Hunt says, is never present in the diabetic variety. As a rule cases of diabetic gangrene had better be left alone, for operation is often followed by fatal results. However, when the mass is putrified, and consequently very offensive, we may be obliged to operate. This is our object in the present case. With the knife and curette I remove all of the diseased tissues as you see. We will now insert a cat-gut drain and a few gut sutures, and then dress the wound with iodoform, and dressings saturated in the mercuric solution.

CHRONIC OVARITIS.—ANTEFLEXION WITH INSANITY.[1]

BY E. E. MONTGOMERY, M. D.,

VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL.

Chronic Ovaritis.

A young woman, aged 19 years, some months ago had one ovary removed in this institution. At that time the removal of the other was advised, but the operator yielded to the urgent request of the patient that it should be preserved. She is now brought before you for the purpose of thorough examination, as she complains of severe and continuous pain on the opposite side.

As the patient complains of severe pain as soon as the region of the ovary is touched, and her abdominal muscles become so rigid that it is difficult or almost impossible to outline the ovary, I propose to place her under the influence of an anæsthetic. For such examinations, the bromide of ethyl is an excellent agent, as it acts quickly, and the patient rapidly recovers from its effects, with less frequent nausea and vomiting than with the more usual anæsthetics. The patient, however, declines to take an anæsthetic, and we will make no effort at further examination to-day; for the pain upon manipulation is so great that we are unable to determine the size of the remaining organ. (Patient removed.)

This patient is a prostitute, and I would not do an operation unless I felt assured that

[1] Delivered at the Philadelphia Hospital.

the pathological conditions were such as to account for the unpleasant symptoms from which she claims to suffer; for women of this class often desire the operation from improper motives. It should be remembered, however, that when the removal of the appendages upon one side is indicated as a sequel of gonorrhœa, experience has demonstrated that the remaining tube and ovary are likely soon to become the seat of disease, producing just as severe suffering as before and necessitating a second operation. In these cases the disease, more than likely, exists in the apparently healthy tube in a latent state, and the removal of the other gives it an opportunity for expression.

While the removal of the ovaries should be looked upon as a *dernier ressort*, it is time lost to temporize when the presence of pus and extensive inflammatory products can be demonstrated, and much suffering can be avoided by a timely operation. Pain in the region of the ovary, without demonstrable pathological alterations, should not be considered an indication for operation until all other means of treatment have been exhausted. A practical question to be considered is the circumstances of the patient. If she is poor and dependent upon her own exertions for her support, it is self-evident that we should not resort to the same plan of treatment as in a woman who is able to give her whole time to the care of her health. In such a case the operation, its results, and other methods of relief should be laid before the patient, giving her a chance to choose for herself what she will have done.

Anteflexion with Insanity.

The next patient I show you is a woman, aged 29 years. The family history is bad. The father died of phthisis and the mother suffered from asthma; she had five brothers and sisters who died early and a sister still living suffers with frequent convulsions. This patient began to menstruate at thirteen, at seventeen she was married, and eight and a half years ago she was in an insane asylum. She suffered from attacks of severe menorrhagia and at the same time bled profusely from the stomach and nose; pain in the head was intense, and she had dragging pain in the abdomen. She was subject to severe epileptiform attacks, in which tonic and clonic convulsions occurred without the tongue's being bitten. Previous to, and during menstruation, pain was augmented.

On examination now, I find the uterus anteflexed. In examining a patient I advise that the rectal touch should be practiced as a part of the routine, not only when the uterus, but also when the ovaries are suspected to be the seat of the disease. Such an examination, taken together with the history previously obtained, will enable us in the majority of cases to arrive at a correct diagnosis of the condition. In cases of doubt, however, it is not wise to prematurely commit one's self. In some conditions, indeed, it may be necessary to arrive at a diagnosis, or at least confirm it, through treatment.

While upon the subject of examination, I cannot do better than to indicate a line of procedure. First, secure the family and personal history. This of itself will often reveal the probable condition. At the same time the close observer has noticed the indices of disease as written upon the face and form. As a second step, inspect the external genitalia. This should be the rule in every first examination. It is indicated from grounds of personal safety, as the patient may be infested with pubic pediculi or infected with some venereal disorder; it is indicated as affording valuable information as to the character and amount of discharge; the seat of bleeding—from granular vagina or vulva; the presence of caruncle or vascular urethra, hypertrophy of labia, lacerations or fissures of the vulvar orifice, and relaxed or prolapsed vagina.

By the touch we discover thickening, contraction and relaxation of the walls of the vagina; granular condition of its mucous membrane; absence of its rugæ; the presence or absence of its discharge, and prolapsus of the uterus or vaginal surfaces.

We should carefully observe the shape, size, lacerations and fissures of the os; the presence of granulations, erosions, abrasions, or cystic degeneration of its mucous membrane; the fixation or mobility of the uterus, and the presence of fecal accumulation in the rectum. With two fingers in the vagina, and the hand over the abdomen, the bimanual touch affords additional facility in investigating the condition of the pelvic organs, the shape, outline and position of the uterus and its appendages; its relations to surrounding organs or abnormal growths. The retro-uterine structures, the ovaries and tubes are more effectually examined by the recto-abdominal touch. The character and seat of pain experienced should be noted.

The symptoms in the case before us present evidence of disease of the pelvic viscera. There is hyperemia in which menstruation is frequent, and in which there is much pain in the intervals and particularly just before the advent of the menstrual flow. We find here, as in all such cases, a strong tendency to anemia. It is a well-observed fact that the hyperemia of the uterus and the general anemia act and react upon each other. Sterility is another frequent symptom, although it may also result from disease of the appendages as well—a condition which our examination has disclosed here exists.

The dysmenorrhœa, however, should be considered as due to the uterine rather than the ovarian disease. In the latter form the severe pain is felt for a week or ten days before the flow, while the menstrual flow gives relief. Here the pain is felt just before and during menstruation, while the function is followed by the epileptiform attacks which will further break down her health.

The treatment is constitutional and local. The former consists in the adoption of such measures and the administration of such remedies as will best promote the general nutrition. To best accomplish this it is necessary to study the patient's history. We find her holding an inheritance of insanity and consumption. Her nervous system and general hygiene are first to be considered. The mental development of a person with neurasthenic tendencies should not be forced, especially during that period in which the sexual apparatus is making its most rapid development. Childhood should be prolonged, education and accomplishments deferred. Ample rest should be secured and during the menstrual periods, for the first year, it would be well to confine the patient to bed. The imagination should be restrained rather than cultivated. All reading that appeals strongly to the emotions should be avoided.

Although too late to correct the errors of developmental changes, much may be done by securing proper rest, sound sleep and suitable diversion to ameliorate the unpleasant symptoms. In this patient we have an additional trouble in that there is an hereditary predisposition to phthisis. What has been said of the reconstructive power of mental rest and recreation is no less applicable to the physical treatment of phthisis. Judicious exercise, pleasant and healthful surroundings and rest are the three great hygienic requirements for the prevention or the cure of this disease, and the stronger the predisposition, the more firmly their observance should be demanded.

The remedies that will be found most valuable are cod liver oil, iron, arsenic, phosphorus and strychnine.

The local treatment will consist in replacing and overcoming the anteflexion. You will find many methods of procedure suggested. Thus, dilatation of the cervix is said to straighten the canal, and the laceration of some of its fibres to cause an exudation of plastic lymph into the walls, which serves as a splint to keep the organ straight. This, however, is not always true. Relief not only does not always follow, but when it does, it is usually only temporary.

Lateral dilatation is most frequently done, although it is questionable whether the antero-posterior dilatation of Schultze is not preferable. Molesworth's circular dilatation, followed by the use of bougies, is, in my opinion, the choice procedure; but it is necessary the latter should be frequently repeated to prevent contraction. Many cases will be greatly improved by a stem pessary, of either glass or vulcanite. This instrument straightens the canal, keeps the inflamed surfaces separated, and promotes the uterine circulation.

The use of a Faradic current, through a bipolar electrode, is frequently of great benefit, promoting the nutrition of the muscular walls and increasing the tonicity of the blood-vessels. Where all the methods above suggested have failed, where the recurring menstrual distress is sufficient to induce severe mental disturbance I have no hesitancy in recommending the sacrifice of the appendages.

—Handling Thin Animal Sections.—Those who are accustomed to handling vegetable sections must remember when they come to work with animal specimens that the latter are much more liable to break or tear than vegetable sections. If this is not borne in mind valuable specimens will be ruined while handling them.

—It is stated that the kangaroo is in danger of being extinguished. Its skin is so valuable, says *Nature*, that large numbers of young kangaroos are killed; and authorities are of opinion, that, unless the process is stopped, Australians will soon have seen the last specimen of this interesting animal.

COMMUNICATIONS.

HEMATOMETRA.[1]

BY FERDINAND H. GROSS, M. D.,
PHILADELPHIA.

In the experience of most of us, hematometra is of infrequent occurrence. This rareness, and not that I have anything new to say on the subject, is my chief inducement for reporting to the Society with some detail, two cases of this hematic tumor, which came under my observation in the early months of the current year; indeed, the case to be presently mentioned, afforded me the first opportunity in a good many years of experience as a practitioner, of estimating clearly the importance of the condition. But in the lapse of only a few weeks, a second case presented itself for my treatment. Atresia of the vagina I had repeatedly observed, but never its contingent, hematometra. In the cases to which allusion has just been made, the atresia existed, in one at the lower end of the vaginal tube, while in the other it consisted in an obliteration of the cervical canal of the uterus; and thus were exemplified two interesting varieties of the occlusion.

A young girl who had been under the care of different physicians, without the source of her troubles being fully recognized, was referred to me by a medical friend for treatment, with the information that a tumor occupied the vagina and filled up the lower pelvis.

The patient was in her fourteenth year, and therefore at the age of puberty; but she had never menstruated—that is to say, no visible signs of the catamenial flow had been noticed. The first disturbances of her health had occurred about six months before, and although she never felt quite well afterward, her indisposition for a time caused no apprehension. But a number of subsequent paroxysms of augmented severity attracted anxious attention. In short, the alarming character of the exacerbations led to a physician being consulted.

When later on, in an advanced stage, the case was referred to me, a digital examination of the vulva revealed protruding therefrom a smooth and very tense swelling, in which the experienced touch could readily detect fluctuation, a feature of the mass very clearly evinced by the rectal exploration. Neither the examining finger nor the probe could find anywhere between this protrusion and the labia an entrance to the vagina. The hypogastrium had become prominent from a tumefaction which arose from the pelvis. This enlargement in the course of its development had been noticed to be most sensitive during the paroxysmal attacks, which were doubtless the regular menstrual molimina. The continuous abnormal pressure upon the pelvic organs was the occasion of vesical and rectal tenesmus as well as obstipation; and restless nights were the inseparable accompaniments of such torments. But aside from these there were symptoms of a subjective character, such as headache, giddiness, nausea, and other gastric distress, a feeling of painful fulness in the abdomen, palpitation, and disturbed vision which the prescribed glasses of the oculist had failed to relieve. This complex of distressing and long-enduring symptoms was sufficiently pointing to lead to the diagnosis of hematometra as a contingent upon atresia hymenalis.

It is not my purpose here to recount with exhaustive minuteness the various results of hematometra, if relief be not given in good time by what is usually a simple surgical expedient. Nor would the time allotted permit me to speak of the lesion as it occurs in double vagina, in duplex uterus, and in other malformations of the female generative organs. Greulich relates in concise form, but with sufficient clearness, the different issues of this condition, and cites an array of authors who appear in the literature of the subject. But some of the results of this blood-tumor should not remain unnoticed in this place. Much may depend upon the period of life at which the artesia has been acquired. For example, in the climateric age the hematometra may eventually be tolerated,[1] or at least borne with less suffering or discomfort, since at this period of change the tumor may cease to enlarge because of the discontinuance of the menstrual secretion. But also at periods prior to the menopause, the rapidity or slowness with which the uterine accumulation takes place, and consequently the degree of its evil effects upon the general organism, may depend

[1] Read at the Philadelphia County Medical Society, September 11, 1889.

[1] Real Encyclopædie der gesammten Heilkunde, vol. vi, page 180.

upon the character of the patient's constitution, whether this be plethoric and robust, or weakly and anemic. If the latter be the case, the increase of the pent-up menses may be very meagre or even nil; and again, if vicarious menstruation be established, the addition in utero would naturally be avoided, affording a degree of local relief, or at least checking for a time the progress of serious symptoms, provided the locality of the vicarious function be a safe one.

Among other possible results of this bloody accumulation are enumerated hematosalpinx, intraperitoneal hematocele, and hematoma of the ovarium, each with its serious consequences. But hematoma of the ovarium as well as effusion into the tube may occur by direct extravasation from congested vessels and yet hematometra be responsible for either occurrence, since hyperemia of the uterine appendages is one of the accompaniments or conditions of the hematic tumor we are considering. If, therefore, the already engorged plexuses or network of vessels of the environment be periodically subjected to additional blood-pressure, the bleeding that follows the bursting of a Graaffian follicle under normal circumstances may now become sufficiently copious to produce results of a pathological character.

Without stopping to speak of a possible rupture which would allow the secretions to flow off in a natural or harmless direction, adhesions may form with the neighboring hollow organs and perforation take place into bladder or rectum. Septicemia from decomposition within the womb is here the greatest danger. The entrance of urine on the one hand, or of fecal matter or intestinal gases on the other, would be favored by the womb's enfeebled contractile power, as that organ could not empty itself with promptness nor with that degree of force of which it is possessed when developed for a physiological purpose. The pressure of tumors is recognized as a cause of uterine atrophy and we can readily conceive in hematometra the attenuated condition of the muscular coat. Another danger of infection might be a vaginal cul-de-sac below the point of perforation into either of the hollow viscera mentioned, which would serve as a reservoir for decomposed matter.

Considering the possible results of this condition, no time was lost in providing for the escape of the accumulated secretions. Hymen imperforatum in a large majority of the cases is not discovered before the age of puberty, and the one referred to was doubtless of the congenital variety. The operation can hardly be called a painful one, but the girl had become so irritable and sensitive from long suffering and repeated examinations, that the puncture by trochar was made under ether narcosis. Thirty-two ounces of reddish-brown, chocolate-colored fluid was drawn off without interruption of flow. The canula being removed, a crucial incision with a probe-pointed bistoury enlarged the opening, whence a little fluid continued to ooze. Ergot was administered, but only gentle pressure was applied externally by an abdominal binder. The vagina was gently washed out with a weak solution of the bichloride. The uterus remained too high to be reached by the finger, and an examination per force was uncalled for. The vaginal surface was smooth and devoid of its rugæ. As an additional precaution, the pudendum was covered with compresses of antiseptic gauze.

It is to be remembered that the imperforate hymen is not a normal but a pathoanatomical structure. On the inner side its mucosa is continuous in cul-de-sac form with that of the vagina, and externally the mucous membrane is continuous with that of the vulva, while between these layers lies a fold of connective tissue. The membranous barrier in this case was found thick and tough beyond expectation, imparting the feel of soaked leather. The relief was prompt and decided; on the second day there was some pain in the hypogastrium, but no significant rise in the patient's temperature. In four weeks the menses were discharged in a normal manner, and this has recurred at regular intervals ever since.

In the second case alluded to, the woman is close upon forty years of age, and has lived in the marriage relation for half that period, but remains childless. The evidence she relates as pointing to a miscarriage in the third year of her married life, is not conclusive. After that time she enjoyed good health until thirteen years ago, when she "had a severe fall backward," after which she endured so much pain in trying to void her urine, that she fainted. Her physician said she had "dislocated her womb," and used instruments to replace it. She was confined to bed for three weeks and then treated in a hospital in this city; whence she returned home, still in a feeble condition, and remained in poor health for

several years. These early troubles are briefly mentioned since they concerned the genito-urinary organs, but I will not tax your patience with a history of subsequent maladies which had but doubtful or no connection with the patient's later complaint. Suffice it to say, that after an attack of typhoid fever as far back as 1883, she regained her former good health, and in all the years that followed until the month of May, 1888, the menstrual functions was regularly performed. It was then, however, that the lesion which concerns us here appears to have had its beginning. The monthly discharge of blood became scanty, and to the patient it appeared as though "a stringy leucorrhœal discharge had replaced the regular flow." Nor was she as free from pain as she had formerly been during her regular turns. In the following August her menses failed to appear, and the amenorrhœa continued for eight months; that is to say, until she was relieved by the operation to be mentioned further on. As regular as had been her monthly turns, just so regular were during those eight months the attacks of lumbar pains and uterine cramps, the severity of which increased with each returning molimen. In vain she now applied for relief both to regular and irregular practitioners. The latter advised her to enter their hospital and submit to a laparotomy for the removal of what they pronounced to be a "fibroid tumor attached to the uterus and left ovary." This advice was not followed, and it need hardly be said in this presence that the diagnosis was as incorrect as the laparotomy would have been unwarranted. The condition grew from bad to worse. From dire necessity the woman had learned to catheterize herself and was enabled by that means to get frequent relief from one of her greatest torments.

On the 30th of last March she entered the German Hospital, where she became my patient. On examination the next day, I found a large, smooth, very hard and firm tumefaction pressing low in the pelvis. The os could not be found and there was no discernible discharge from the vagina. Fluctuation was not at all perceptible, either by the vaginal or rectal examination. The mass had repeatedly been held by others to be a fibroid; but on hearing the patient's own account of the case, from which the above is a condensed statement, I declared it to be a hematometra, at once verified the diagnosis with an aspirator-needle, and on April 2 introduced an ordinary sized trochar to draw off the long pent-up secretions. In penetrating at the indistinct but supposed point of the former os, the instrument imparted the sensation of passing through a wall of considerable thickness before reaching the cavity, showing the obstruction to be something more than membranous. It was probably brought about by a stenosis of the inner os, combined with an endo-cevicitis and adhesions of the entire cervical canal.

The mahogany-colored, jelly-like fluid, or semi-fluid, could not flow freely through the canula of the trochar, but came only drop by drop. The cervix dilator therefore replaced the canula, and being used as a director for making a shallow crucial incision, a quart of the tarry substance was drawn off. The cavity of the womb was freely washed out with a continuous stream of the mercuric solution. Ether was not administered. The after-treatment was in the main similar to that instituted in the other case. Recovery was complete, and the patient has several times since the operation menstruated at regular periods.

SOME TENDENCIES OF MODERN MEDICATION.

BY JOSHUA W. READ, M. D.,
NEWARK, N, J.

A marked tendency of recent medication is in the direction of a continuous and limited administration of drugs. This has grown out of the now generally accepted idea, that the patient is the proper subject of treatment, rather than the disease with which he may be afflicted.

The notion that the doctor is simply a prescriber of medicines, and that his function wholly or in chief part ceases there, if it ever had a substantial basis either in theory or in practice, is rapidly disappearing before the advancing light of a more intelligent and successful conception of the practitioner's function. The disease as modified by constitutional diathesis, idiosyncrasies, sanitary surroundings, inherited conditions, and by many other influences which refuse to be classified, becomes a secondary consideration. Indeed, so clear are the indications, and for the most part so uniform the respective lines of medicinal treatment of the more important diseases, that it should become a mere routine matter

simple and relatively easy of execution, to prescribe the standard medicines for a simple unmodified case. But not so with the larger and broader function of treating the patient. As a practical matter, the doctor may often exercise his highest and best skill and accomplish the greatest possible good for his patient by advising the entire suspension of medication, as such. The day has already arrived when the intelligent physician is very wary about ascribing the recovery of his patient to the medicines employed. Thus far has skepticism in regard to the specific power of medicine over disease extended; and hence the tendency of to-day toward a limited and continuous medication.

Another manifest tendency of comparatively recent appearance, but which promises rapid development, is toward the exhibition of relatively small doses, frequently repeated. That an effect can be produced by this method of administration, not only different in character, but preferable in results, seems from our *present* standpoint, to say the least, highly probable.

It occurred to the writer to recently observe the most gratifying results from one-tenth grain doses of calomel repeated hourly until the desired effect was produced, in a case of obstinate constipation and general glandular inactivity, associated with the digestive disturbances of advanced Bright's disease. This peculiar pacific action of the remedy was realized much more promptly and satisfactorily, and with far less constitutional disturbance than would have been the case had the old-time single dose of ten grains been exhibited. The sentiment of the profession in favor of this method of medication seems to be rapidly gaining ground, as evidenced by the demand upon our manufacturing chemists for *granules*, *tablets*, *etc.*, containing minute doses. As an illustration we may mention what is well known to all, that tablets containing $\frac{1}{200}$ of a grain of corrosive sublimate are now kept in our leading pharmacies. Manifestly the tendency of the times is toward minutely divided doses; but, be it understood, this statement is not designed to convey the idea of infinitesimal dosage according to the homœopathic plan. Minute dosage is one thing and no dosage quite another.

The tendency of modern medication toward the employment of medicines easy and pleasant of administration has became so manifest and general in its application as to need but a bare allusion. Indeed, this tendency seems to have about reached the ultimate stage of realization!

This becomes apparent when we consider the all but universal employment of active principle, alkaloids, and concentrated medicines in general. It is hardly claimed that the therapeutical effects of remedies as a whole are improved by the use of their active principles. Indeed, I think there is ground for the fear that in some instances the active principle does not represent all that is valuable and desirable in the theuapeutical effect of the drug. However the tendency to a pleasant medication has become so imperative in its demands as to overcome some possible disadvantages, for it is a well-established therapeutical principle that all things else being equal the pleasant dose is much more likely to accomplish the desired result than the nauseous one, and *just here* we find the explanation for the comparatively recent establishment of so many houses all over the land engaged in the preparation of medicines in palatable forms.

Another possible tendency of recent origin is seen in the employment of triturates. By the minute subdivision and separation of the particles of a medicinal substance, through the agency of an admixture, it is claimed—and perhaps on a rational basis—that the power and effect of the agent are thereby not only increased but a new action is developed. The time-honored "Dovers powder" is a good example of a triturate. That the trituration gives the combination additional therapeutic effect over the different elements of the mixture is beyond doubt.

The superior action of this form of medication is supposed to be due to the more prompt and thorough subjection of the remedy to the action of the digestive juices.

It is with misgiving that I record in this connection another tendency of the times in regard to medication. I refer to the disposition to be satisfied with impure and otherwise inferior drugs. The extreme desirability of absolutely pure medicine up to the pharmaceutical requirements in potency as well as purity, to him who proposes to cure disease by their use, goes without the saying. It is, however, a palpable fact that physicians as a whole are very mild in their suggestions for a purer and more reliable pharmacy. If they were as decided and emphatic in their demands as the importance of the matter requires, the evil of inferior medicines would

rapidly disappear. A craze on pure drugs would be salutary in its results, both in relation to the sick and to the character and efficiency of the profession.

Clearly purity and potency of medicines should be unhappily what it is not, and the doctors are the fault of it, a marked and decided tendency of modern medication.

82 Park Place.

MEMORANDA FOR READY REFERENCE.

BY ENOS T. BLACKWELL, M. D.,

CEDARVILLE N. J.

The beginning of the healing art must have been from the nature of things experimental and empirical. Certain results following the ingestion of certain substances doubtless suggested their use as remedial means. The observations of medical men for many centuries have been devoted to increasing the sum of medical knowledge, and enlarging the list of available remedies.

In these latter days physiology has become a valuable aid in the indication of nature's processes, and the way in which they are affected by various drugs with reference to their therapeutic effects. However the knowledge may be obtained by the original investigator, it can only be available to the practitioner as he may be able to retain the facts in his memory, or to reproduce them by some method of refreshing this faculty. It must be painfully impressed upon every well-read person that the varied facts brought before his mental vision are many of them lost from the imperfection and limitation of this important function. Upon the remembrance of the busy man, who snatches a moment occasionally to learn the recorded thoughts of writers, the impression is often extremely transient; and if he afterward faintly recalls something in reference to it, the place where he read it cannot be recollected, and he fails to retrace the thought of the author, and his observation is to him fruitless. This is true, perhaps, of all persons whose lives are crowded with a multitude of duties of divers kinds; it is especially so to the physician, who, returning to his home at the close of a hard day's service, wishes to acquaint himself with what is going on in his profession elsewhere. The drowsiness incident to passive exercise in the open air renders his mind little alert; and unaided by some record, his reading is mostly without lasting profit. It may be that a case presents itself to him, in which, from the obscurity of the diagnosis or from the rebellious nature of the disease, resort must be had to various remedies in succession before a cure can be effected. The urgency of some patients is such as to oblige the physician to administer in quick succession every remedial measure which his fellow-practitioners have recorded for his benefit. He may be unacquainted with the way in which the drugs affect the morbid condition, and must be content to rest on the authority of the reporter. Since then we must often prescribe empirically, we shall have a much greater supply of material to guide us, if we have been careful to collect for future use everything available encountered in our researches.

If the physican is a writer, as every observing one should be, he finds the record of the opinions and observations of other writers necessary that he may press them to account, either as supplementing his own views, or, for marshalling in array for their demolition.

As a convenient and satisfactory means of recording what he learns by reading or otherwise, the present writer has used for some years the INDEX RERUM of DR. JOHN TODD. The mass of material already secured has been of incalculable benefit to him in some persistent illnesses in which the old-time remedies were ineffectual, and for which no recent book furnished a substitute. In preparing articles for the press, he is enabled, by its use, to quote without loss of time from authors who have stated their views in transient publications. By this means he made available, in a case of Pott's fracture of the leg, the very efficient apparatus of Dr. Packard, of Philadelphia, by which extension and counterextension of the leg is secured through adhesive plasters applied to the upper extremity of the leg and to the foot, and made to draw in opposite directions by passing the tails over a side-splint, and fastening the opposing ends together. This method was obtained from the MEDICAL AND SURGICAL REPORTER, vol. liv, page 387. It is detailed at length in the author's paper on Fractures in *The International Cyclopædia of Surgery*, vol. iv, page 242. Under the same head, "Fa," I have some other valuable memoranda:—Plaster bandage, method of preparing and applying, (Dr. B. Lee), vol. ix, p. 27,

Phil. Med. Times, Fracture of Patella, cure by adhesive straps united by buckle and tongue (Blackwell), *ib.*, xii, 869. Fractures, fixed dressing for, (Levis's solution—Zinci oxid, 8 oz., glue 4 oz., water Oij. MEDICAL AND SURGICAL REPORTER liii, 655. Fractures, intracapsular, diagnosis and treatment (Levis), *ib.*, liii, 720; Fracture of the Clavicle, Agnew's method with adhesive plaster, *ib.*, lx, 393.

These are a few of many cases I might cite, illustrating the advantage of this plan. I have given in some instances the authority for the statements recorded; and sometimes the very words in which the recommendation is couched. The reader will at once recognize the value of this addition, although it was an afterthought with me. Sometimes I record a prescription, when it is short. This avoids the necessity for looking up the original. A duplication of a fact under different heads is useful—the name of the disease under one, the name of the remedy under another. A reference to lumbago may also be indexed under rheumatism; and ptyalism in one place may be salivation in another, etc.

Whoever adopts and uses the Index, in the way indicated, will accumulate a treasury of valuable information ready to be used on a moment's notice. He will be able to summon to his aid the collective wisdom of many teachers, whose opportunities for observing the effects of remedies have been unrivalled. He will have the satisfaction of knowing that he has availed himself of every hint for the treatment of any difficult case, and need not fear criticism, either scientific or only captious, and will be in condition to pronounce sentence in doubtful cases without danger of successful contradiction. Incidentally, his memoranda will show the relative value of various journals consulted, as to their richness and variety of contents.

—COLD WEATHER.—Do not permit microscopical mounts to be reduced to the freezing temperature. Even those preparations in liquids that do not congeal at 32° F. will be injured by sudden or great changes in temperature.

—BENZOL IS NOT BENZIN, and microscopists should remember it, even if some wholesale druggists do endeavor to sell benzin for benzol. I have seen work spoiled and time and patience lost by those who tried to use benzin for benzol.

CHRONIC CATARRHAL RHINITIS.

BY T. W. CORWIN, M. D.,
NEWARK, N. J.

The term "catarrh" or "catarrhal rhinitis" has been applied to so many conditions of this membrane that it has come to be quite indefinite. Prof. Bosworth has been quoted as saying that there is no such disease. He states that the best definition of the term "nasal catarrh" which he could offer was "something the matter with the nose." The term is however correct enough so far as it goes, and it is simply because the inflammatory lesion is so very frequently *secondary* to the efficient cause that this designation has been criticised.

As a clear notion of the anatomy and physiology of the nose is essential to an appreciation of its pathology, I may be pardoned for mentioning a few details which have attained to especial prominence in this department, and which are not dwelt upon in general treatises. The nasal cavities are limited by rigid bony walls which lie closely approximated. As these walls are further covered with a thick mucous coat, the cavities of the nose are practically only extended chinks, and any considerable enlargements or displacements of one wall, cause it to encroach upon its neighbor. The mucous coat varies somewhat in different parts. In the apical portion of the cavities above the middle turbinated bone, it is comparatively thin. In the lower and middle meatuses it is thick and luxuriant, and toward the naso-pharynx is so abundant as to be disposed in folds. These meatuses correspond to the respiratory region of the organ, which is traversed by nearly the whole of the respiratory current. The membrane attains its greatest development upon the inferior turbinated body. Section of this body shows that its bony constituent contributes but 1–20 of the whole mass. The richness of the membrane in the respiratory tract depends chiefly upon the notable abundance of its blood-vessels. These constitute it an erectile tissue. This tissue has been demonstrated by Dr. Bigelow of Boston prominently, and by Continental observers. It is an abundant cavernous structure, susceptible of inflation. Its greatest development is seen at the posterior extremity of the lowest turbinate.

The olfactory nerves are supplied to the membrane of the superior meatus, and do not reach below. The further nerve supply

is obtained from the fifth nerve and from the Vidian branch of the sympathetic, through Meckel's ganglion. Behind the nose is the naso-pharynx which is practically a part of the nose. I will call your attention to the notable *glandular* development of the mucous membrane of this part. So marked is it, that the aggregation of mucous follicles often forms a prominent object upon the posterior pharyngeal wall near its summit. As this structure is identical with that of the tonsils, it is called the pharyngeal tonsil, or "Luschka's tonsil," after its discoverer.

Physiology of the Nose.—Three prominent functions are served by this organ, namely: Olfaction, Phonation and Respiration.

Olfaction.—The sense of smell, so long considered as the chief occasion for having a nose, is found to be of but secondary importance. Indeed its special nerves occupy only the upper and much narrower part of the organ.

Phonation.—The part taken by the nose in modifying the tones of the voice, while important, will now receive reference merely.

Respiration.—The nose is chiefly useful in connection with the function of respiration. In other words, the nose is an important part of the respiratory apparatus. The largest and roomiest two of its passages, the inferior and the middle ones, afford a channel for the breath. As the air enters the body through the nose, it becomes modified by it in three important respects.

I. As to Temperature.—In the first place, it is raised in temperature. Air which has simply passed through the nose to the nasal pharynx in the ordinary course of inspiration, attains to nearly the temperature of the *expired* air. In other words, almost all of the heat which the air acquires in respiration, is gained in the nose! A remarkable fact! These data have been obtained through the experiments of Aschenbach and of Kayser. These observers aspirated air from different parts of the respiratory passages and carefully noted its modification. When the inspired air was cold, as from 24° to 32° F. the expired air was 81.5° F. When that inspired was from 66° to 69° F. that of expiration was from 90° to 92° F. Yet air which had passed through the nose simply without traversing the passages below, was found to be but 9° to 10° F. less warm! We see therefore that the nose supplies heat to the air—also that this supply is regulated according to the necessity for it. For the figures show that much more heat was supplied when the outside air was cold, than when heated, and that at the back of the organ it was nearly uniform, in spite of the variations outside. The source of this heat is undoubtedly the blood current, since there is no other adequate supply. We also find the blood-vessels distributed in a manner calculated to enable them to serve such an office. Further, Kayser has noticed that when the atmosphere is cold, the blood supply of the turbinated bodies is greater. This brings before us another feature of the blood sinuses—viz.: that they vary as to their fulnesses—that therefore the tissues lining the respiratory tract of the nose are a form of *erectile* tissue, and that their distension and consequently their size, varies with the changing condition of the atmosphere. This control is presumably exercised through the Vidian branch of the sympathetic, the great vaso-motor system of the body. In support of this view, the chief distribution of this nerve is found upon the area occupied by the erectile tissues.

II. As to Moisture.—We find that the air is modified by the nose in another important respect—namely, in that it acquires moisture—in that it acquires a *great deal* of moisture. The same observers, Aschenbach and Kayser, determined the changes of the air with regard to its humidity by methods similar to those used in determining temperatures. They found that whatever its condition as to moisture might be before entering the nose, it always became *saturated* with the vapor of water while traversing it. As it is incapable of absorbing a further quantity, it follows that the whole supply of water, which the air derives from the respiratory tract, is obtained in the nose. This amounts on the average to 5,000 grains daily—nearly a pint! As to the exact manner in which so great a quantity of fluid is furnished we are not altogether assured. The mucous membrane of the nasal fossæ is not very notably rich in gland supply, and such as it has, are similar to those which simply supply elsewhere a coating or mucous for lubrication and protection. However, a French anatomist, Chattelier, has described numerous fine canals running from the lymphatic interspaces of the membrane directly to its free surface, and these are believed to furnish the serous fluid which moistens the breath. When this phenomenon is further considered, it is seen that in the vaporization of so much water much heat must of necessity be rendered latent. It is therefore

obvious that the nasal passages are required to supply *this* heat in *addition* to that referred to.

III. As to Filtration.—Further, it has been noted by the same observers previously cited, that the atmosphere is almost entirely freed from suspended materials, as dust, etc., by the nose. Experiments upon animals whose nasal respiratory passages are of considerable length, show that the air is *entirely* freed from dust.

We find then that the great function of the nose is to prepare the air for the lower passages.

Pathological Anatomy.—This can be readily determined during life. In acute catarrh we note simply the changes incident to inflammation of any mucous membrane, with, however, a predominence of swelling. The swelling is due principally to distension of the vascular sinuses. This condition appears to be associated with vaso-motor paresis. In addition, there usually are present the changes incident to chronic catarrh, for the acute affection is so frequently an exacerbation of the chronic disorder, as to be fairly symtomatic of it.

In chronic catarrh, inspection anteriorly shows usually a deep red, spongy, thick and boggy hypertrophical condition of the membrane over the turbinated bones and the septum. This is apt to be irregularly developed so that sometimes polypoid masses are seen. The surface presents accumulation of inspissated mucus, often firmly attached.

In advanced cases on the other hand, an atrophic condition presents—owing to contraction of the over-grown connective tissue. Atrophy also occurs primarily in some cases where the interstitial exudation chokes off from the membrane its nutritive supplies. The mucous crusts are seen again, but are apt to be more dry and thin and firmly attached.

Inspection posteriorly shows the same conditions except that the color of the membrane is usually pale. The hypertrophy is often found greatest in the spongy tissues at the posterior end of the inferior turbinated bone. Here a globular tumor is often seen which may project into the upper pharynx. The glands of the upper pharynx are frequently hypertrophied so as to form small or large masses of adenoid growth of various forms which may block up this compartment very seriously. There are further found the various other lesions to which the catarrh is secondary, as, quite prominently, deflections of the septum, irregular development of the cavities, polypi, specific ulcerations, fibroids, etc., as well as diseases of the accessory sinuses. The lower pharynx and larynx and sometimes the bronchi also usually present catarrhal conditions.

Symptoms.—The symptoms are locally: Difficulty of nasal respiration; retention of the secretions and efforts at removal; catarrhal conditions of parts below; occasional pain and hemorrhage; impairment of mental activity; reflex nervous phenomena; loss of olfaction and phonation. Constitutionally: anemia.

Difficulty of nasal breathing leads frequently to mouth breathing, by which the air is but imperfectly prepared for the lower air passages. The contact of this air excites pharyngitis and laryngitis, which subsides when nasal respiration is restored. The contact of vitiated secretions with those parts has further influence. (We pass over other characters of the discharge.)

As to local pain and reflex neuroses: these are most likely to occur when the hypertrophied tissues come to impinge upon one another and especially upon the septum. This impaction is often constant, but more commonly it is found during periods of especial congestion, as after exposure or in the course of a "cold." The reflexes are numerous and important. They are such as irritable cough, spasmodic contraction of the throat muscles or the larynx, asthmatic seizures, hay fever, various distributions of anæstherias, of perverted sensation, of neuralgic pain, of nutritive lesions, as acne and pruritus, herpes and urticaria, affections of the eye, the ear and other organs, vertigo, epilepsy, chorea and the like. Congestive headaches often depend on engorgement of the nasal plexuses, and are relieved by local depletion. It is a notable fact that these flexuses are normally distended during menstruation. Mental dulness is frequently attendant upon this affection. Patients complain of inability to concentrate their attention, etc. This symptom has received the name, "aprosexia." It is thought to depend on imperfect drainage of the lymph from the brain by reason of the blockade in the lymphatic system of the nose. Anæmia with its legion of disorders is at times referable to nasal catarrh.

Diagnosis.—The diagnosis can with our present resources be readily made. I refer now not to the diagnosis of the catarrh

which is usually advanced by the sufferer and is sufficiently obvious, but to the more remote *occasions* of this process. The obstruction is determined by observing the freedom of the air current through each nostril separately. The statements of patients as to this matter, and as to their resort to mouth breathing are often altogether untrustworthy, but the history will usually sufficiently distinguish many characters of the discharge.

Our main reliance is upon *inspection*, and this cannot be practically carried out without the assistance of the following agencies:

1st. Suitable specula for expanding the vestibule of the nose.

2nd. A strong light whose rays are about parallel with the line of vision, conditions supplied by an ordinary argand burner with a condensing lens and a head mirror.

3rd. A small mirror for the upper pharynx.

4th. A fairly strong solution of cocaine, as 8 per cent., 10 per cent., or 12 per cent. The use of cocaine has almost revolutionized the practice in rhinology. It acts principally in two ways, both important; 1st, by abolishing sensibility, thus allowing of the necessary manipulation; 2nd, by its wonderful power of firmly contracting the erectile structures, but most important, it may be applied so as to remove the normal turgescence of the membrane at the anterior part of the nose and thus bring into view the condition of parts more remote.

Pathology.—The essential characters of the inflammatory process, whether acute or chronic, are the same here as elsewhere, but their secondary features are modified by the special conditions of the nasal cavities. Of the cardinal symptoms of inflammation the swelling is in this case, perhaps, of the greatest importance. It obtains to a greater degree than in affections of other parts. This pre-eminence is due to the extensive vascular development. The lumen of the vessels becomes enormously increased. The swelling is further dependent to some extent upon exudation; but to a minor degree only. As a result of the acute process the vessel walls lose tone and the swelling becomes chronic, with tissue growth due to the increased nutrition, and after a long time atrophy. The immediate consequence of this tumefaction is obstruction to the passage of air through the nose, for the walls of this cavity being bony, no extension outward is possible.

We have then nasal stenosis developed. This condition is a prominent factor in the further progress of the case. As the air is drawn into the body by aspiration, there is normally some diminution of the ordinary pressure (which the air seeks to re-establish). When the nasal passage is contracted, the air has less ready access and aspiration causes a more decided vacuum to form. The blood presence therefore distends the vessels of the membrane situated behind the stenosed portion and they become enormously dilated. Their tone is destroyed and the condition then persists indefinitely. The relaxed condition also renders the membrane more susceptible to the influences which induce acute catarrh. Thus a vicious circle is established and we have a chronic catarrhal inflammation with acute exacerbations.

The prominent factor in the maintenance of chronic catarrh is therefore, *stenosis* of the nasal passages. The exudation in this affection is a prominent feature, since its disposal involves much difficulty. Owing to this difficulty, and the increased attention therefore given to this symptom, it was for a long time thought to be in excess of the amount of fluid furnished by this membrane in the normal condition. This idea has, however, been shown to be erroneous. The secretion is actually diminished. That which is furnished is also apt to be faulty—to have an undue consistence. It therefore does not flow backward freely as should occur, and requires considerable effort for its removal. When the hypertrophy leads to contact between opposing surfaces, the membrane is irritated and frequently eroded; pain and tenderness are excited; the secretion is further altered and its flow hindered and reflex symptoms are very liable to occur. The pressure between the surfaces varies somewhat according to the congestion present. In consequence of these conditions, there is retention of the discharge, of its more solid portions especially. The fluid part runs off or is dissipated by evaporation. The retained mucus decomposes and becomes very offensive, as well as tenacious and difficult of removal. The disorder frequently extends along the canals communicating with the nose. The eye and ear often suffer by this means.

Treatment.—The key to successful treatment of this affection lies in a just appreciation of its causation. This cause, as has been stated, is in the great majority of cases comprehended under the term "nasal steno-

sis." The removal of obstructions to free respiration in the nose is the great principle of radical treatment, as conducted to-day. This idea does not conflict with the reference of the affection to meteorological conditions which doubtless exercise the greatest influence primarily, but as a result of these influences, nasal stenosis is usually established and becomes the proximate cause of the affection.

Stenosis is the result also of other influences. Thus, deformity of the forward portion of the septum nasi is a very frequent one, and this lesion is frequently traumatic in origin. The formation of polypi or other tumors, the enlargement of the pharyngeal glands, often consequent upon the ravages of the eruptive diseases in the throat—the lodgment of foreign bodies, etc., all act in the same direction. Conditions of the general health exercise a potent influence in predisposing to and in maintaining disease here as elsewhere.

The removal of stenosis demands various kinds of procedure. When of little standing and dependent upon acute catarrh, it will yield to simple means directed to the cleansing of the surfaces, and perhaps including the use of astringents. The general nutrition needs attention as well. But astringents are not regarded so highly as formerly and such medication as has been resorted to with this object are considered to render service rather by reason of their stimulating quality.

Another indication frequently exists and is quite urgent. It is the necessity of relieving *contact* between opposing surfaces. Such contact gives rise to much of the reflex and local suffering attending the disorder. It may not be constant, but occur only during turgescence of the membrane, which, however, is a most frequent condition. It demands the same measures of treatment. When the stenosis is of longer standing, more active measures are used. Medicinal agencies are inadequate and removal of the excess of tissue is resorted to.

For hypertrophies of the mucous membrane and its sinuses, some form of cautery is usually employed. This is effected by application of chromic or of nitric or of glacial acetic acid, and rarely of nitrate of silver. Besides these the galvano-cautery is most depended upon. They are considered to act partly by direct removal of tissue which sloughs away and partly by causing absorption of that in its proximity. The applications are therefore to be limited and should not extend completely over the area to be removed. In some cases the relaxation of the membrane is such that it can be gathered up in a fold; in such cases it is often practicable to remove it by means of the wire snare. This condition is most frequently met at the hinder end of the inferior turbinated body. In adenoid vegetation about the naso-pharynx, removal is accomplished by the snare, by the galvanic cautery, and often by their combination in the galvano-cautery snare. Curettes are however often of service and sometimes forceps are used. Of the means of reducing bony obstructions, I need say little here. The latter are frequently encountered. Various devices are used, as saws, shears, snares, forceps, etc. Prominent among these is the electric trephine. Cases of atrophy of the nasal membrane and erectile tissue are usually a late stage of trouble, and are very troublesome. They call for stimulating measures. Another great principle of treatment here is the maintenance of cleanliness. It is a characteristic of chronicity in inflammations of mucous membranes that their secretions tend to adhere closely, and the progress of a case toward recovery of the membrane is indicated by their becoming fluid and easy of removal. These mucous accumulations injure the membrane greatly, often erode it and are very liable to become offensive by decomposition. It is a cardinal principle to remove them thoroughly before attempting any more radical measures. It is quite the fashion also to combine antisepsis with this effort. Solutions are most used, but oily preparations often act well, while in some cases the offending substances must be directly seized and detached.

Many other indications are presented in individual cases and notably such as demand sedative measures, but as they are not peculiar to nasal affections, they demand no reference. There are a few remedies which appear to act specifically upon the nose and throat after absorption into the blood. These are, most prominently, muriate of ammonia and cubebs.

Prognosis.—All cases are susceptible of relief, and usually of very great relief. The majority of cases are considered curable, but only after considerable time, when the changes are very marked. Cases distinguished by atrophy are most intractable, and often admit of palliative treatment alone.

SOCIETY REPORTS.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting September 11, 1889.

The President, DR. W. W. KEEN, in the Chair.

DR. FERDINAND H. GROSS read a paper on

Hematometra.

(See page 454.)

In the discussion DR. JOHN C. DA COSTA said: I would ask Dr. Gross where he punctured the uterus in the second case? Did he attempt to follow the cervical canal, or did he put the trochar directly into the mass? I congratulate both patients on having fallen into the hands of Dr. Gross, and out of the hands of their previous advisers. Hematometra is not of common occurrence, and when we have it, it is usually due to closure of the entrance; or atresia, so called. The first case described, I think would be found described in the books rather under the head of atresia of the vagina rather than of hematometra. I do not understand how those who had previously examined and treated the case could have overlooked the nature of the difficulty. They would not have done so if they had heard the late Professor Wallace lecture on atresia vagina as he used to describe it, with "the bulging membrane looking like a child's head coming out." If they could not have made a vaginal examination, an examination by the rectum would have shown the uterus above and the soft fluctuating mass below, and made the diagnosis for them.

The second case seemed to be due to closure of the cervical canal. This is more common after the application of solid nitrate of silver than people generally are aware of. There is apparently something particularly vicious about the application of solid nitrate of silver to the cervical canal. Stronger agents may often be used without producing the trouble it does. I do not see how in this case a practitioner could mistake the nature of the trouble. The gravity of such cases often arises from imperfect examination of the parts, and, therefore, knowledge of the condition, and as a result of this—want of timely treatment.

DR. LAWRENCE WOLFF said: I had the pleasure of examining the second case with Dr. Gross. I assisted him in emptying the uterus, and my curiosity being aroused as to the nature of the chemical changes that had taken place, I secured some of the contents for examination. The microscope showed that there were no corpuscles present. I made the blood test, and secured Teichmann's hematin hydrochloride crystals. While there was undoubtedly blood, there was no hemoglobin but hematin. I think the question is not altogether solved as to what becomes of the serum-albumin in such conditions. The uterus is not prone to take up serum-albumin, but here it had evidently been absorbed, and nothing but globulin and hematin remained, as we found to be the case when the mass was mixed with water, which rendered it turbid, the globulins being insoluble in water. The fact that globulin is not taken up is not generally known. We know that the corpuscles, as a result of pressure, poisons, and other conditions, will break down, and that hemoglobin will be changed to hematin, but it is not generally understood that in hematometra serum-albumin, which is diffusible, is reabsorbed and globulin retained. These facts have a bearing upon various pathological conditions, especially some forms of nephritis, and that is one reason why I have brought up these points in regard to the condition of the blood in these cases.

DR. J. PRICE said: These congenital forms of atresia are quite common. In the last few years a great many operations have been done for infantile forms of the female generative organs, and in many of these cases we find atresia. In the last year I have done two sections for regular menstrual molimen without blood. They had suffered from the age of thirteen or fifteen years to thirty-five, without any menstrual flow. In these cases I found atresia with infantile uteri. The appendages were rudimentary. There was no accumulation. In these two cases the results have been quite happy.

A few years ago, a lady asked me to attend her in her confinement. Conception had immediately followed an operation upon the cervix done by an estimable operator. She had been sterile for five years before the operation. Previous to this she had borne three children. She sent for me after she had been in labor for some time. There had, however, been no show. On examination I found a supra-vaginal diaphragm, without the semblance of os or cervix. I made a careful speculum examination, and

sent for a friend, a man of good judgment and experience. The head was engaging, but no os could be found. We made a crucial incision in this diaphragm, and she was delivered of a healthy child without trouble. She made a good recovery, and has since borne children. In this case, although a canal had been left, there were probably some granulations which subsequently closed the canal.

Ten days ago, I operated upon a cicatricial case. The woman had borne four healthy children, but had not menstruated for some years. I found but little accumulation. There had been extensive sloughing, and I had to make a vagina throughout. A portion of the blood had apparently been absorbed. The material found in these cases is usually of a hard character, similar to that found in hemato-salpinx. It will make a black mark, and can be used as a crayon.

The discharges from the tubes of which Dr. Gross speaks, I am satisfied lasted only a short time. The irritation is sufficient to provoke occlusion of the tube, and we have the clubbed condition of the tubes seen in accumulation of fluid in the tubes. The tubes look like the end of an amputated finger. I have here two specimens illustrating this point. The woman from whom this was removed never conceived, there is a semblance of a pavilion. There has been salpingitis and local peritonitis, causing closure of the pavilion. Here you have a broad ligament cyst, an occluded tube, and a typical hydrosalpinx. Schœder gives an interesting discussion of this entire subject, and cautions care in the examination that leakage or rupture may not occur. It is evident from his remarks that this accident had occurred in his hands.

Dr. Gross: In reply to the question of the first gentleman, I would state that there was only a point indicating where the os might have been. I followed this in the direction one would suppose that the canal would take. It was some distance before the trochar reached the cavity.

In regard to the first case, an examination per rectum might have revealed a small uterus if the fluid had been contained only in the vagina. This case was, however, of six or seven months' standing, and the secretions, after filling the vagina, had also dilated the cervix and uterus. Here the term hematometra is also used. When the vagina only is filled, it is an hematocolpos. To be more exact, unless you object to long names, the term hematometrocolpos would express the condition when both vagina and uterus are involved.

I am obliged to Dr. Wolff for his interesting remarks in regard to the character of the fluid. His remarks make the report of the case more complete.

PERISCOPE.

Bacteriology of Drinking-Water.

In the N. Y. *Medical Record*, Oct. 5, 1889, there is an admirable paper on the bacteriological tests of drinking-water by Dr. Edward K. Dunham, of New York, the whole of which is eminently worthy of careful perusal, and the concluding portion of which we lay before our readers.

If we trace the history of a given sample of water, says Dr. Dunham, we shall arrive at a point in that history when the water must have fallen as rain. Since water, when it evaporates, leaves behind it all suspended matter, it follows that any bacteria found in rain-water must have been washed from the air, or from the surfaces with which the rain came in contact. They were either in the atmospheric dust, made up of fine dry particles wafted into the air by currents, or they were upon the water-shed. It so happens that bacteria are not all equally capable of preserving their vitality when subjected to the desiccation which must precede their presence in floating dust, and it follows therefrom that rain-water, except under extraordinary circumstances, will contain only species included in a group provisionally designated as "air bacteria," without implying that they are found only in the air. And, conversely, if all the bacteria in a sample of water are of a species included in this group, the deduction that it has been exposed to none but aërial contamination appears reasonable, no matter how numerous the individual bacteria may be.

If we next imagine that the rain-water has fallen upon the ground and thence is washed into streams, ponds, or open wells, it is evident that it will carry with it those bacteria which can readily be detached from the vegetation or the soil over which it has passed. In brook or pond-water we may, therefore, look for not only air bacteria, but bacteria belonging to a second group of species representative of surface drainage.

While a portion of the rain-water runs

from the surface, another portion sinks into the ground and eventually becomes blended with what is called the "ground-water." During its passage through the soil, most, and probably in many cases all, of the bacteria contained in it are caught in the interstices of the ground, or are subjected to unfavorable conditions and die. Observation has shown that ground-water is usually free from bacteria, or contains them in but small numbers; but when the soil is very pervious the ground-water may yield bacteriological results approximating those indicative of surface drainage.

The ground-water underlies a layer of soil rich in bacteria, and is exposed to many chances of receiving them on its passage toward the surface, where alone it can be of domestic use. And it is during this passage to the surface that it is exposed to the greatest risks of contamination with sewage or excrementitious matter, which are especially liable to contain noxious bacteria. In such a water the bacteriological test is capable of detecting the contamination and of determining its nature with considerable precision.

From a bacteriological point of view, admixture of sewage with a water can be injurious only when that sewage contains noxious bacteria. If, through any process, the sewage be freed from such bacteria, it will be deprived of all bacteric infectious qualities. The most common natural process by which sewage is freed of bacteria is filtration through the soil. If all the bacteria are removed the sewage can contain no pathogenetic species, but if they are not all removed and the sewage passes into a water-supply, the latter will be in danger of infectious contamination so soon as the sewage contains pathogenetic bacteria. The detection of the contamination of a water-supply with sewage is of particular interest because of its relations to the possibility of infection with typhoid fever following the drinking of such a contaminated water.

We know of no general natural habitat of the typhoid bacillus. It may be that, in the future, some natural home or mode of development of that bacterium will be discovered. When that knowledge has been acquired the bacteriological test of water can be applied so as to make practical use of it, but for the present we must consider the discharges from individuals suffering from typhoid fever as the source from which typhoid bacilli might gain access to drinking-water.

If the water were free from bacteria before the entrance of the typhoid bacilli, and the latter were not mixed with other species of bacteria, their detection would be simple and certain, and with the finding of them a bacteriological examination of the water would come to an immediate conclusion. But in actual cases the typhoid bacilli are associated with large numbers of the fecal bacteria, and this mixture is disseminated through a large bulk of sewage; the chances of identifying the typhoid bacillus are inestimably diminished by these circumstances, and we are, therefore, constrained to condemn water containing fecal bacteria, or those forms of putrefactive bacteria which are frequently found in sewage, even though they themselves may have no pathogenetic qualities, and even though the source of the water was apparently pure.

Simple and clear as are the principles underlying the bacteriological test of water, it does not seem superfluous to consider a few typical illustrations of their application to cases met with in actual practice.

I. A sample of water was found to contain an average of 496 bacteria in one cubic centimetre, a very large majority of which belong to a single species—micrococcus caudicans—a very common air bacterium. There were but few other species present, most of which were recognized as common air species.[1] The inference from such a result is direct: The water, a pure water, had been exposed to the air and then remained subject to conditions favorable for the development of the bacteria which had fallen into it until they had increased to the number found. This conclusion was confirmed by the fact that the sample, as was afterward learned, had come from a tank which was filled with water previously subjected to a very intelligent process of filtration. Some of this same water, after being bottled for a short time, contained 3,970 bacteria per cubic centimetre, among which five species were recognized, the majority of the individuals belonging to the single species caudicans. No reasonable sanitary objection could be raised against this water, either before or after it had been bottled, although the number of bacteria found in both samples exceeded the usually accepted limit for good water.

Many of the air bacteria seem, after a

[1] Bacillus luteus, yellow sarcina, micrococcus cereus flavus, and some not named.

time, to die out when introduced into water, as is exemplified by a sample of rain-water, which immediately after collection, during a gusty thunder-storm, contained 5,940 bacteria; while, after standing protected from dust for a few weeks, the number had fallen to two. On the first examination there was a large number of species present; on the second examination only a single species, common in both air and water.

II. Water from a sylvan brook, swollen after a heavy rainfall, contained over two thousand bacteria to the cubic centimetre, a large number of which proved to be bacillus subtilis, a species abundantly found on vegetation and in earth. There was also present a species frequently found in soil. No other species other than air species were found, and it was, therefore, concluded that the large number of bacteria was due to surface drainage innocent of injurious qualities.

III. A brook was examined at its source, where the water ran from a loosely covered cleft between two rocks; again about half a mile from its source, after it had wound through a grove and open fields; and again at a third point, about three-quarters of a mile beyond the second place of collection, and several hundred feet below a point where it received the drainage from some half-dozen dwellings. At its source it contained 250 bacteria, among which there were several air species, a few of the more common water bacteria, also occasionally met with in the air, and a few earth species. Samples from the second point of collection contained 532 bacteria, similar in character to those at the source, but the water and soil species were relatively more abundant. At the third point of collection the number of bacteria had risen to 4,773, and, besides the species found above, there were both fecal and putrefactive species present.

The correspondence between the results of the bacteriological examination of this brook and the history of the water is so close that, if we knew only those results and the order in which the samples came, we should be obliged to construct a history of the water essentially identical with that of this brook.

IV. The water-supply of a certain town is drawn from a series of driven wells, which are, with the single exception of one used for making observations on the level of the ground-water, connected in such a way that the water is pumped from them all collectively. A sample of water taken from the main at the pumping-station contained two bacteria per cubic centimetre, while a sample taken from the observation-well contained five thousand. But the bacteria in the latter sample were all of one species—namely, the same species which has already been mentioned as persisting in a long-preserved sample of rain-water. According to our principles of interpretation, these samples must be regarded as equally free from suspicious contamination. The five thousand bacteria were due to an adventitious inoculation of the test-well with a harmless species capable of thriving under the conditions there prevailing. After stating that the bacteria present were of a single species, it is superfluous to add that the well was kept covered.

V. A deep artesian well, situated in the immediate neighborhood of a field irrigated with the sewage from a large public institution, was used as the water-supply for the inmates. The water had been repeatedly declared unsafe because of the high yield in total solids, chlorine, and ammonias obtained on chemical analysis. It was examined bacteriologically and found to contain very few bacteria, none of which represented species indicative of sewage contamination. There was no clinical indications that the water was unwholesome. In this case it appears that the natural filtration of the water through the soil sufficed to free it from bacteria.

VI. A stream which was drawn upon to furnish water to a town, was suspected of being contaminated with sewage because of an outbreak of typhoid fever in that town. Chemical analysis failed to furnish evidence of any such contamination, but the water was found to contain large numbers or bacteria belonging to a putrefactive species common in sewage. This result, while not demonstrating the presence of typhoid germs in the water, arouses a strong suspicion of a sewage contamination, which alone would be sufficient to declare the water untrustworthy.

In conclusion, it is evident that the bacteriological examination of a water cannot, save under exceptional circumstances, pronounce a direct verdict as to the sanitary value of that water. Its legitimate province is the discovery of the relations existing between the water and the natural or fortuitous distribution of the various species of bacteria. The significance of those relations must be

determined by our knowledge of the causation of disease.

Nurses' Training School in Camden, N. J.

A school for nurses has been established in the Cooper Hospital, Camden. This is the first school of the kind organized in Southern New Jersey. The first session of the school commenced October 4.

About twenty candidates, mostly women personally known to and vouched for by members of the hospital medical staff, are enrolled as pupils. The school year will be divided into fall and spring sessions, the first embracing the months of October, November, and December, and latter March, April, and May. Lectures will be given by the members of the medical and surgical staffs of the hospital on Tuesdays and Fridays of each week between 4 and 5 o'clock. The lecturers will include the most prominent physicians, surgeons, and specialists of Camden, and eminent visiting members of the profession. Skeletons, charts, and manikins have been prepared to illustrate these lectures, and as the scholars advance in their lessons they will be given practical experience in the wards of the hospital, and in the pharmacy, and chemical and dissecting rooms. The school is under the personal direction of Dr. D. Strock.

Upon the completion of the course of studies, if the student can pass a satisfactory examination, a certificate of fitness to perform all the duties of a trained nurse will be given. A list of graduates and their addresses will be kept, and applicants for a skilled nurse will be directed to the graduates who are known to be available at the time the application is made.

Improvement in Inguinal Colotomy.

Dr. Charles B. Kelsey, of New York, says, in the *Medical Record*, Oct. 12, 1889: In the last few inguinal operations I have performed, I have adopted the following plan: The incision is that of Cripps—across a line from the anterior-superior spinous process to the umbilicus. After getting the sigmoid flexure outside the body, a hair-lip pin is passed under it in the following manner: It is entered through the skin on the side of the wound toward the median line, and at the junction of the lower with the middle third of the incision. It perforates first the skin, next the parietel peritoneum, next the mesentery of the gut close to the bowel, and at the junction of the lower and middle thirds of the exposed loop, next the parietal peritoneum on the other side of the incision, and finally, the skin. By this means the gut is so firmly held in position that it cannot be dislodged by any vomiting, and a perfectly satisfactory spur is formed, which will prevent any passing of fecal matter beyond the opening. After this procedure I have never been troubled either by prolapsus of the mucous membrane, or the passage of feces from the colon into the rectum. With this modification I now adopt a running suture instead of about fourteen interrupted ones, to join the parietal peritoneum to the visceral layer, and to the skin. A rapid operator can easily, in this manner, complete the entire technique of inguinal colotomy in ten minutes, and to this extent reduce the necessary shock.

Disarticulation of the Humerus with Resection of the Articular Eminences.

Dr. Raoul discusses this subject in a Paris thesis. The disarticulation of the forearm, he says, is always preferable to amputation of the arm at its lower third. 1. It is less often followed by death. 2. Leaving the arm longer it gives greater leverage. 3. It preserves the lateral eminences and so assures the fixity of an artificial limb. It should be performed whenever the soft parts are long enough. If this is impossible, the arm should be disarticulated at the elbow, if the skin is still sufficiently long, and the articular eminences resected. This operation offers the advantages of a disarticulation, but requires a centimeter of integument less. To perform the operation, a circular incision is made, as in ordinary disarticulation, but from one to one centimeter and a half higher; the trochlea and the condyle are sawed off at the level of the tuberosities of the humerus. Then the prominent cartilage is resected with pliers all around the surface of the bony section, and the parts united with catgut sutures—first the muscles, then the skin, in such a manner that the cicatrix will not be transverse but antero-posterior.—*Gazette Médicale de Paris*, August 17, 1889.

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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

CONSANGUINEOUS MARRIAGES.

There is a widespread belief that the marriage of persons nearly related by blood is likely to result in offspring of imperfect physical or mental development. This, most medical men know to be true—not for the reason to which the result is usually attributed by the laity, but because consanguineous marriages concentrate in the offspring the physical or mental defects or weakness of the parents, as both parents are likely to have the same sort of defects or weakness, while in other marriages the risk of a coincidence of the kind is comparatively slight. But, real as is the danger in consanguineous marriages, the mere fact of consanguinity is not in itself a danger to the offspring. There are many proofs of this in history, while an interesting addition to them may be found in a recently published book by His Majesty Kalakaua, king of the Sandwich Islands. This book is entitled *The Legends and Myths of Hawaii*, and it is edited by Hon. R. M. Daggett, late United States Minister to the Hawaiian Islands. In it the statement is made that "In the royal families, to subserve purposes of State, father and daughter, brother and sister, uncle and niece frequently united as man and wife. The children of such unions were esteemed of the highest rank, and, strange to say, no mental or physical deterioration seemed to result from these incestuous relations." In commenting on this statement a reviewer in the *Nation*, Sept. 26, 1889, says: "There seems to be no doubt of the accuracy of the facts here stated. The magnificent physical development, the clear and active minds, and the noble manners of the higher chiefs are matters well within the memory of the present writer and of other former residents of the group."

This contribution to our knowledge of the subject of consanguineous marriages is especially interesting as coming from a country where admixture with a foreign population, and the abandonment of their ancient social customs, has been followed by a deterioration of the native race which is as pitiable as it is unmistakable.

COMPETENCY OF MEDICAL WITNESSES.

The Supreme Court of Wisconsin has recently rendered an opinion which is of interest to medical men. The substance of this opinion is that the testimony of a medical witness who has had no practical experience in the treatment of cases of poisoning, and who testifies only from memory and his knowledge of what medical works and medical instructors teach on this subject, "is, at best, hearsay, and inadmissible in a criminal trial for murder by poisoning." The opinion narrates the main points of a case of this kind in which the plaintiff in error—that is the defendant at the first

trial—had been charged with murdering his wife by poisoning, and had been convicted. The principal medical witness described the symptoms of the patient and testified to the symptoms of arsenical poisoning. His testimony was objected to by the defence, on the ground that he was not an expert. The Court sustained the objection until the witness could be further examined as to his qualifications to testify. It was in evidence that he was not a graduate of any medical college, but had been practicing for twenty-five or thirty years. He could recall no case in which he had treated arsenical poisoning before. The Court admitted his testimony, and largely upon the strength of it, and that of another medical man who was equally inexperienced in arsenical poisoning but who also claimed to be able to describe its symptoms, the defendant was convicted.

The Supreme Court in passing upon this case ordered a new trial, on the ground that the Court below committed a serious error in admitting the testimony of the medical man who was in attendance on the case, in view of the fact that he said that he had never personally seen a case of arsenical poisoning before.

A very careful review of this judgment is contained in the *American Law Register*, for August, 1889, prepared by Richard G. Morrison, Esq., of Minneapolis, Minn. In this, after a very careful comparison of a large number of cases more or less similar in character, the opinion is expressed that actual experience should not be held to be absolutely necessary to render a physician competent as an expert on a particular question, though the lack of it should be considered by the jury, in connection with his other qualifications, in determining the weight to be given to his testimony.

In this opinion we entirely concur. It seems to us preposterous that a medical man whose experience had covered a number of years in medical practice, and who was able to describe the symptoms of arsenical poisoning—or any other—should not be a competent witness simply because he had never before in actual practice seen a case of such poisoning. We can understand that there may have been some prejudice in the present case against the physician who was the chief medical witness because he was not a graduate of any medical school, but this does not seem to have been the consideration which led the Supreme Court of Wisconsin to its decision. It certainly is not mentioned, and the presumption would be in favor of any medical man who had been practicing for a long time in any one particular place.

It is not always easy for medical men to follow the affirmation of the Courts in regard to matters of medico-legal interest, and sometimes the deliverances of Courts of last resort impress them as bearing the mark of human fallibility. But this is not an experience of medical men alone; other men have at times cause to dissent when even a Supreme Court lays down the law. In any case, however, this is the law, and law-abiding citizens may well know and submit to it.

RETURN OF THE HOMŒOPATH.

The *New York Medical Times*, a journal whose circulation is almost exclusively among homœopathic practitioners and which until recently at least, was avowedly homœopathic, has contained in the numbers for September and October, 1889, articles and editorials discussing the possibility of union of homœopathic with regular practitioners of medicine. The writer of the articles, a Southern physician, claims that there never will be at any future time a possibility of perfect unison between the two "schools," as he terms them; and he suggests the establishment of "mutual respect and co-operation when the good or satisfaction of patient or physicians may require," to be further cemented by the formation of a "Union Medical Association" to include all classes of physicians. On the other hand, the Editor of the "Times" holds to the belief

that the word "homœopath" is in itself the one obstacle in the way to a future alliance, and, acknowledging its lack of significance, proposes to homœopaths that they abandon this designation. Then, it says, the bonds of professional union can be extended over the present apparently unbridgable chasm.

In this, our contemporary is entirely right. The attitude of the regular school of medicine toward the sects is charitable but it cannot be weak. One step is indispensable to any form of union with them and that is for them to abandon their sectarian names. In the case of most so-called homœopaths, as we have steadily urged in the REPORTER, the title is either a mere misnomer or a fraud; and in either case it must be abandoned.

This subject has recently been quite fully discussed by the Philadelphia County Medical Society, and the sentiment was unmistakable that the regular school can have nothing to do with the sects so long as they insist upon a special designation. It is surprising that men of excellent judgment in general can for a moment entertain the idea of any harmonizing of the regular profession with irregulars—who will not themselves come in if they believe their exclusive dogmas, and who ought never to be admitted if they do not. In the first case the conscience of the irregular debars him, and in the second the conscience of the regular ought to perform this duty for him.

The more this subject is considered, the clearer it becomes that it is now about time for the Old School to let the homœopaths work over it awhile by themselves. The case is plain to any one who has a logical head. The Old School stands on a broad scientific basis; the sects insist on something else. It makes no difference what that something else is—it cannot be scientific, and it must be abandoned. There are indications now that intelligence and conscientiousness are beginning to work in the ranks of so-called homœopaths; and there is reason to believe that before long the best among them will summon courage to take the inevitable step, and sever themselves from those the shame of whose ignorance or want of conscience they must share so long as they keep them company. This we say—as we have said it before—with no unkind feeling toward those whom we regard as entangled in error, and mainly to counteract the possible influence of a recent plea for "union" and "harmony" which might mislead the sectarian as to the real attitude of the mass of physicians toward them. Here and there a man may miss the real issue; but the mass of the Old School understand it perfectly well, and will not be blinded to it by any specious argument.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

RECHERCHES CLINIQUES ET THERAPEUTIQUES SUR L'ÉPILEPSIE, L'HYSTÉRIE ET L'IDIOTIE. Compte rendu du Service des Enfants Idiots, épileptiques et arriérés de Bicêtre pendant l'année 1888. (CLINICAL AND THERAPEUTICAL INVESTIGATIONS ON EPILEPSY, HYSTERIA AND IDIOCY. Report of the Service for idiotic, epileptic and Backward children of the Bicêtre Hospital for the year 1888.) BY BOURNEVILLE, Physician to the Bicêtre, and COURBARIEN, RAOULT and SOLLIER, Internes. Volume IX, 8vo, pp. lix, 92, with twenty-five illustrations. Paris: *Progrès Médical*, 1889. Price, three francs, fifty centimes.

The first part of this report is taken up with an account of the service during the year 1888, and gives an interesting but brief outline of the methods of instruction pursued with the children. Pichery's system of gymnastics, which is largely used, is described and illustrated by a number of cuts. The authors think that the study of words should be begun with the consonants, not with the vowels; that the syllables composed of one consonant and one vowel should be articulated first, and that labials should precede all others; and they add that isolated syllables are less easy of articulation than repeated syllables. The opportunities for studying the classes of disease mentioned may be inferred from the fact that, on December 31, 1888, there were three hundred and seventy-eight children in the service.

The second part of the book is devoted to the clinical aspect of the cases. Dr. Bourneville first discusses "New cases of Idiocy with Pachydermatous Cachexia." These are cases of cretinoid or myxœdematous idiocy, which the author thinks are much more common than one would suppose from the small number of patients of this kind admitted to asylums. Several cases of the kind are described, and two reproductions from photographs of cases are given. In none of the living cases, the author says, has it been

possible to *feel* the thyroid gland, and in three autopsies its absence was demonstrated.

Bourneville and Courbarien declare that consanguineous marriages are productive of epileptic, hysterical, idiotic and imbecile children, only when the parents are unhealthy: healthy parents, as a rule, can procreate only healthy children. The third chapter is on "Epilepsy and Fronto-facial Asymmetry." Bourneville has tried bromide of nickel in eighteen cases of epilepsy: in one case there was progressive diminution of the number of attacks, until they disappeared completely and remained absent for three years; in one case there was improvement, which is still marked under the influence of purgatives and douches; and in one case the number of attacks remained the same. In all the rest (fifteen cases), the remedy aggravated the disease. The results obtained, therefore, have been very different from those of Da Costa. The book concludes with a chapter on perversion of instincts, and with an appendix.

The book will be read with great interest by those who have charge of the same classes of patients, and it should stimulate them to make better use of the material than has been the custom hitherto, at least in this country.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. An Atlas and Text-Book combined. By GEORGE HENRY FOX, A. M., M. D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, etc. Second series. Complete in twelve parts. Parts 1–10; each 10x11½ inches, containing sixteen pages of text and four colored photographic plates. New York: E. B. Treat. Price, $2.00 per part.

This is a second issue of the plates and text on skin diseases first issued by Dr. Fox five years ago. It has the merits of the original issue, with the added advantage of some remodelling and enlargement. It is a very handsome piece of bookmaking, and the text and plates are full of interest and instructiveness.

The plates are reproductions of photographs taken from patients, and they are colored so as to make the resemblance to the actual conditions more clear and more striking. In all of them, the conditions are very faithfully portrayed, and in some the representations are remarkably vivid. The text is well fitted to the pictures, and the whole book makes an impression like that of a good series of clinical lectures. We can heartily recommend this work to the attention of our readers, feeling sure that it is calculated to be helpful in the diagnosis and treatment of cases of a sort which are very troublesome to most practitioners.

CORRESPONDENCE.

Antiseptics and Country Obstetrics.

TO THE EDITOR.

Sir: I have been reading the interesting articles of Drs. Mitchell and Kemper upon the subject of "Antiseptics in Normal Labor." Not being much of a writer, but a weekly reader of the REPORTER, a deep thinker and a constant worker as a country practitioner, I must say I heartily coincide in their idea of non-asepsis as regards sublimate solution, etc., in cleansing the parturient canal after delivery. For my part, I will say: I have clean hands; I make as few examinations as possible, and ten times out of ten the mother and child will get along all right, even cheer the father's heart the next day, and the old man will say: "Doctor, I will pay you when I dig my potatoes this fall."

My experience in country practice in the way of obstetrics in the past eleven years has amounted to the number of 1,008 births, and I have not lost a mother in confinement or childbed fever. Of course, I have had the usual amount of still births from premature or lingering labor, but these would not amount to twenty-five. I have had, I think, every presentation, and have used podalic versions several times, without injury to mother or child. I keep two pair of forceps, and must say I have never had the pleasure or misfortune—whichever you may call it—to give them an introduction in their calling. However, I don't know how soon I may have to use them, as I consider them invaluable in time of need.

As Dr. Mitchell says, a country doctor is called one hour in the home of poverty, the next where all is surrounded with the luxuries of wealth. Of course, this makes the doctor a creature of circumstance. To illustrate: I was called to see a poor family in the country, living in a cabin 8 x 10. The mother was in confinement with the sixth child. After staying four hours, delivery came about all right. Nothing would do now but that I should take breakfast, as it was about daylight. I seated myself at the table by the side of the bed and cleverly commenced eating, when I heard a cluck, cluck, and turning my head I discovered a big dog devouring the placenta under the foot of the bed. Suffice it to say, my appetite failed at once, and I put off my meal until I arrived at home. To conclude, I will say: Keep your hands clean, be attentive, and avoid too much interference.

Yours truly,

JOHN T. MASON, M. D.

Milledgeville, Ohio.

Oct. 14, 1889.

THE CELEBRATED PAINTING of Rembrandt, called the "Anatomical Lesson," has been bought, it is said, by Mr. Ellesworth for the Institute of Art, of Chicago. It formerly belonged to the Princess de Sagan.

NOTES AND COMMENTS.

Pilocarpine in Traumatic Tetanus.

Dr. L. Casati, of Forli, has reported three cases of traumatic tetanus which were cured by hypodermic injections of hydrochlorate of pilocarpine. In the first, large doses of chloral hydrate and bromide of potassium were given internally, and chloral was injected into the veins; the symptoms, however, became worse. Then belladonna ointment was rubbed into the skin over the affected muscles, one-half of a grain of watery extract of opium was exhibited every two hours, and one-sixth of a grain of hydrochlorate of pilocarpine was injected every two hours, night and day. In six days the tetanic contractions had ceased, but violent delirium came on, probably as the result of the belladonna frictions. This was checked by paraldehyde, and complete recovery took place. In the next case, treatment was limited to the pilocarpine injections, and the symptoms gradually disappeared. In the third case, which was one of great severity, eleven and one-third grains were injected in fifteen days, with complete success.—*British Medical Journal*, June 15, 1889.

Spontaneous Rupture of the Heart.

At a recent meeting of the Anatomical Society of Paris, M. Mallet reported a case of spontaneous rupture of the heart. The patient was a man, 79 years old, who came under the care of M. Letulle for symptoms of oppression, cough, and arterio-sclerosis. On the sixth day he was seen to become suddenly pale, oppressed, and to move his arms in an epileptiform manner. The whole attack lasted three or four minutes. As he had slight albuminuria the attack was thought to be uræmic. Fifty-three hours afterward this patient suddenly died, and at the autopsy was found a rupture of the heart with an effusion into the pericardium of thirteen ounces of blood.

The facts noted in this case of rupture accord nearly with the conclusions reached by Odriozola and stated in his recent thesis. As regards the etiology, it is interesting to note that the aorta in this case was atheromatous and the left coronary artery almost completely obliterated near its origin. The seat of the rupture was on the anterior face of the left ventricle; the opening was vertical and zigzag in shape, but of unusual length—fifty-five millimeters. The longest opening in a case cited by Odriozola was five centimeters. As to the symptoms, it must be admitted that the first crisis marked the beginning of the lesion, and that then followed it a phase of calm—a phase which has been insisted upon by Albert Robin.—*Bulletin Médical*, June 26, 1889.

The Pulse During the Puerperium.

As a rule, the pulse begins to slow down immediately after labor, and slows steadily for the first eight days of the puerperium. It is most rapid at the beginning of the first puerperal week, least rapid at its end. This slowing is equally marked in primiparæ and multiparæ, and amounts in the week to nine or ten beats per minute. Beginning at 61, it falls to 50–51. There is a diurnal variation in the pulse-curve as in the temperature-curve. The pulse is slowest at midnight and quickest at 8 A. M.; it rises most from 6 A. M. to 8 A. M. and from 12 to 2 P. M. The difference between the maximum and minimum rate any one day is on the average seventeen beats (60–77). The pulse rises after meals. The slowest pulse taken during these observations was 36, which was found on two occasions in nursing multiparæ on the seventh day. Blot and Depaul have observed a pulse of 35 in the puerperium, Olshausen and Quinquaud 34, while McClintock has reported a pulse of 30 after the birth of triplets. This is the slowest puerperal pulse yet recorded. The main cause of pulse-slowing in the first puerperal week is probably the altered condition of the blood, while physical and mental repose is probably a subsidiary factor. Has the pulse-rate any prognostic value? As long as the pulse remains slow the puerperal patient is not suffering from any serious febrile disturbance, but as soon as febrile symptoms appear the pulse rises. If there is elevation of temperature without correspondiug rise of pulse, the febrile disturbance is probably only ephemeral. Of course a diagnosis or prognosis cannot be safely based upon the consideration of a single symptom; the pulse-rate must be considered along with the temperature-curve, and the other symptoms subjective and objective.

After *regular* labors the temperature rises continuously and reaches its maximum in

six to seven hours, then it falls steadily for ten to twelve hours, and reaches its minimum sixteen to nineteen hours after delivery. The remission is greater than the rise, because at the conclusion of labor the temperature is above the normal. In primiparæ the temperature two to three hours after delivery is almost half a degree higher than in multiparæ, but in eighteen to nineteen hours the effects of the more severe labor have passed off and there is no longer any marked difference between them. After *irregular* labors the temperature is ½° to 1° higher than after regular labors, and it takes a proportionately longer time to fall to the normal. A normal temperature-curve for the first twenty-four hours is a favorable prognostic as far as it goes, but of course is no guarantee of a subsequently favorable puerperium. — *Montreal Medical Journal*, June, 1889.

Extirpation of the Parotid Gland: Recovery.

Dr. Polaillon, who has done many delicate operations in the neck, reported to the Academy of Medicine of Paris, August 20, 1889, a case of complete extirpation of the parotid gland, and presented the patient upon whom the operation had been performed. The boy had been sent to him four years ago by Dr. Descroizilles. He was then five and a half years old, and had a cystic tumor, as large as an orange, in the right parotid region. The tumor was recognized as an adenoma of the parotid, with multiple cysts, and probably, also, with some nodules of enchondroma. The tumor projected externally, lifting the lobule of the ear, but it did not compress the facial nerve.

On August 18, 1885, Dr. Polaillon exposed the tumor by a T-shaped incision, and then dissected it with the thermocautery and bistoury down to the internal carotid, which could be seen beating in the depth of the wound. A small portion of the parotid, which appeared healthy, was allowed to remain. Cicatrization resulted by first intention. The cheek and the lips on the right side were incompletely paralyzed. About one year afterward there formed, under the cicatrix, some small cysts which lifted the skin and made it thinner and thinner. The skin having broken, some vegetations of malignant appearance developed at the seat of rupture; at the same time the subjacent tissues became indurated slowly. Without waiting for this relapse to develop to a dangerous degree, Polaillon performed a second operation on December 15, 1886. He removed all the hardened tissues, and then, with the sharp curette, he cleared the whole parotid bed, protecting the carotid with a small elevator. The remaining fibres of the facial nerve were destroyed, and facial hemiplegia was complete after this second operation. The child has been well for nearly three years. The facial hemiplegia has not at all improved. Nevertheless the orbicularis palpebrarum has regained sufficient contractile power to close the lids nearly completely. The duct of Steno is atrophied, and it is impossible to discover its buccal orifice. The patient does not complain, and has never complained, of having a drier mouth than before the operations. The other salivary glands supplement the absent parotid. The sensitiveness of the cheek is unaltered. The nutrition of the tissues does not appear to have suffered. The upper right incisor, however, has not yet erupted, although the child is now nine and a half years old. The upper canines on each side are wanting. Finally, under the skin of the right cheek veins are perceived, which do not exist on the opposite side; and on the internal surface of this cheek, are seen varicose veins. These peculiarities are explained by the development of veins destined to supply the circulation in the right facial vein and in the parotid veins, which were destroyed by the operation.—*Bulletin de l' Académie de Médecine*, No. 33, 1889.

The Bactericide Action of Serum.

Buchner (*Münchener med. Wochenschrift*, No. 24, 1889) was able to establish, first of all, that bactericide properties reside in animal blood in a defribinated condition. He thus comes to results similar to those of Nuttall. The blood of rabbits and dogs showed this action in about the same degree. The power of resistance of the separate kinds of bacteria was, however, very different. It was least in the typhoid bacillus, the cholera bacillus, the bacterium coli commune, and the bacillus fœtidus; but the bacillus pyocyaneus and a bacillus resembling that of typhoid fever and dwelling in the intestines, were more difficult to destroy. Splenic fever and swine erysipelas

(*Schweinerothlauf*) occupy a middle position. The bactericide power of the blood is preserved for a long time by cooling the blood, but is destroyed by heating it to 131° F.

The author has also tested the constituents, particularly of the cell-free blood-serum, for supposed bactericide properties. It was shown that in such experiments an antagonism occurs between the nutritive and killing properties of the medium. Thus, in the cell-free serum of rabbit's and dog's blood, the bactericide action, which otherwise was continually demonstrable, was made to disappear completely, in favor of the nutritive action, by the addition of peptone.

Considering the fact that blood frozen and again thawed loses its bactericide action, the better nourishing properties restored through the destruction of the red blood corpuscles might have been brought into play. Cell-free serum, on the contrary, does not lose its action through freezing, but does lose it by being heated for half-hour to 131° F. To what constituent of the serum the bactericide properties must be attended, is still not clear. They are not destroyed by neutralizing the serum up to the point when it gives a faint acid reaction, nor by dilution with four times its volume of water. If, after repeated freezing and subsequent thawing, a layer of serum occurs, then the action seems to be preferably confined to the lowermost layers, perhaps as a property of the albumin of the serum which lies there. At all events, the bactericide action is to be regarded as a function of the *living* blood-serum.

Buchner was unable to demonstrate similar properties in the serum of oxen and of horses.—*Centralblatt für die med. Wissenschaften*, August 10, 1889.

Movement of Eyelids after Decapitation.

It is reported from Negaunee, Mich., under date of September 30, that a man fell between two freight cars on a moving train and his body was frightfully mangled, while his head was completely severed from the trunk, and lay several feet from the track.

A train hand picked up the head and was horror stricken to see the eyelids close and again open and partly close again. This was seen also by the engineer and the brakeman. All three were badly frightened. This sign of consciousness was given several minutes after the head was severed from the body. The three witnesses are said to be reliable men, and it would be interesting to know the exact facts of the case and the explanation of what seems impossible from a physiological standpoint. It is certainly contrary to the observations of Dr. Loye on death by decapitation, as explained in his book reviewed in the REPORTER, June 1, 1889.

Music as a Medicine.

In an able article on music in *Science*, Oct. 11, 1889, Major J. W. Powell, says:

Disease and wounds and pain and death were the heritage of the early man. Whence these evils came he knew not; why they came he could not tell. How they were to be driven away was the enigma of all savage thought. Through an illogical philosophy, the origin of which is a long and strange story, he came to believe that diseases were living beings; that toothache is the pain wrought by the gnawing mythic worms; that the cough is caused by mythic insects; that headache is caused by invisible mythic ants; and that all diseases and all pains are produced by these mythic agencies. And he tried to drive them away by shrill shrieks, by mad howling, and by horrid imprecation. Then he sought to gain the aid of the friendly spirits of the world,—the good mythic beings. To him the rhythm of the dance and the chant was the language of joy. So he sought to woo these friendly spirits by using this language of joy; and, when wearied with his own efforts at driving away the maleficent spirits, he turned to the dance and the chant, and with them called for the beneficent spirits. In this manner the sylvan man came gradually to believe in the direct efficacy of dance and music as a medicinal agency. Dance and music are the quinine and calomel of the savage,—the "water-cure," the "faith-cure," the "blue-glass cure," the "mind-cure," the "Christian-science cure" the "youth-restoring elixir," the panacea for all human ills. When the poor diseased people recovered, the joy of recovery became associated with music. The welcome to health and companionship which the poor invalid received was given in dance and music.

NEWS.

—Dr. J. Madison Taylor has removed to 1504 Pine St., Philadelphia.

—Dr. Hirst has removed to 248 South Seventeenth St., Philadelphia.

—The Dominion Department of Agriculture has been advised of the arrival at Deptford, England, from New York, of another cargo of animals infected with pleuro-pneumonia.

—Dr. Carl Koller, who has achieved such world-wide renown in the discovery of the application of Cocaine as a local anæsthetic has been appointed Instructor in Ophthalmology at the New York Polyclinic.

—Professor Virchow telegraphs from Berlin that the Organizing Committee of the Tenth International Medical Congress has been constituted by the election of himself President, and Dr. Lasar Secretary General.

—On October 14, Dr. W. E. Hughes and Dr. J. M. Anders were elected to fill the vacancies in the staff of the Philadelphia Hospital (Blockley) caused by the death of Dr. E. T. Bruen and the resignation of Dr. Wm. Osler.

—A company is putting down a shaft into Grand Avenue Cave, four miles from Mammoth Cave, for the purpose of bringing up the air and putting it into the rooms of a large hotel which they propose to build, both as a pleasure-resort and sanitarium.

—Diphtheria in malignant form is prevalent in Gallitzin, Pa. During the last three weeks the deaths have averaged three or four daily, and at least fifty cases are reported in the town. Four families, with six or seven little ones each one month ago, were said, October 15, to be childless.

—As Dr. Hosmer A. Johnson was making out a deposit ticket in the First National Bank, in Chicago, October 14, a thief grabbed his money and ran. The thief was caught, and refused to give his name. He said he took the money because he had a wife and child starving to death.

—A prominent member of an Indian tribe who claimed to be a doctor was killed lately. Things had not been going well with the Indians for some time, and the doctor was regarded as culpable for it, and at a meeting of the tribe four men were appointed to execute him; which they duly did.

—Dr. D. W. Harrington, 55 years of age, died in Lockport, New York, Oct. 11, from an overdose of morphine. Dr. Harrington was graduated at the Medical Department of the University of Buffalo, in 1871. He leaves a wife and son, Rev. Frank P. Harrington, Chaplain of Deveaux College, at Suspension Bridge.

—The suit of Dr. Frost, of Baltimore, against Dr. John L. Seitz, of Harrisburg, mentioned in the REPORTER, October 19, ended October 15, as it was shown that Dr. Seitz merely acted as a promotor for Dr. Frost by agreeing to introduce him to one hundred Harrisburg families. This was substantiated by affidavit, and the court dissolved the injunction.

—In Philadelphia a committee of residents of Germantown advocated, before City Councils' Water Committee, October 15, a better supply of water, both in quality and quantity, for that district. The Germantown citizens asked for the adoption of a plan that contemplates the erection of a new reservoir at Shawmont, at a cost of $500,000, and the introduction of filters to purify the water.

—The seventh annual meeting of the Ohio State Sanitary Association will be held in Dayton, Ohio, November 21 and 22, 1889. The President is D. H. Beckwith, M. D., of Cleveland, and the Secretary R. Harvey Reed, M. D., of Mansfield, Ohio; their headquarters will be at the Beckel House. All persons interested in having and maintaining good health are invited to attend the sessions of the Association.

—Among recent appointments of Johns Hopkins men are B. Meade Bolton (assistant, 1887–88), director of the Department of Bacteriology in the Hoagland Laboratory, Brooklyn, N. Y.; William H. Howell (Ph. D., 1884, and associate professor), lecturer on physiology in the University of Michigan; Henry Sewall (Ph. D., 1879, and recently professor in the University of Michigan), professor of physiology in the College of Physicians and Surgeons, Baltimore.

—Dr. Charles L. Weed, a well-known oculist of Philadelphia, died October 15, 1889, at the age of 32 years, of heart disease, after an illness of three months. He was graduated from Jefferson Medical College in 1883, since which time he has been prominently identified with specialists on the eye and ear. Dr. Weed was, until his death, chief of the eye department of the German Hospital, and had charge of a similar department of the John B. Stetson Dispensary. In his profession he was the associate of Dr. Charles S. Turnbull.